

| CLAIMS ONLY | | | | | | Application Number 10682235 | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------------------------------|-------------|
| | | | | | | Applicant(s) | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | 1 | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | 1 | | | | | | |
| 5 | 1 | | | | | | |
| 6 | 1 | | | | | | |
| 7 | | | | | | | |
| 8 | 1 | | | | | | |
| 9 | 1 | | | | | | |
| 10 | 1 | | | | | | |
| 11 | 1 | | | | | | |
| 12 | 1 | | | | | | |
| 13 | 1 | | | | | | |
| 14 | 1 | | | | | | |
| 15 | 1 | | | | | | |
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| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | 1 | | | | | | |
| 21 | 1 | | | | | | |
| 22 | 1 | | | | | | |
| 23 | 1 | | | | | | |
| 24 | 1 | | | | | | |
| 25 | 1 | | | | | | |
| 26 | 1 | | | | | | |
| 27 | 1 | | | | | | |
| 28 | 1 | | | | | | |
| 29 | 1 | | | | | | |
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| 31 | 1 | | | | | | |
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| 50 | | | | | | | |
| Total Indep | 2 | | | | | | |
| Total Depend | 24 | | | | | | |
| Total Claims | 26 | | | | | | |

WEST AVAILABILITY COPY